

# APPLICATION FOR FEDERAL ASSISTANCE

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 10/25		Applicant Identifier	
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier State of New Mexico	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: New Mexico Human Services Department			Organizational Unit: Medical Assistance Division		
Address (give city, county, state, and zip code): P.O. Box 2348 Santa Fe, New Mexico 87504-2348			Name and telephone number of the person to be contacted on matters involving this application (give area code): Ramona Flores-Lopez (505) 827-3111		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]			7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> A A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify):		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):			9. NAME OF FEDERAL AGENCY: Health Care Financing Administration		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [ 9 ] [ 3 ] - [ 7 ] [ 7 ] [ 9 ] TITLE:			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Health Care Financing Administration Grant Programs		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): State of New Mexico					
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 4/95	Ending Date 4/00	a. Applicant New Mexico District # 2		b. Project Districts # 1, # 2 and # 3	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 11,124,694.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE			
b. Applicant	\$ N/A.00	b. NO. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$ 4,114,613.00				
d. Local	\$ 0.00				
e. Other	\$ 0.00				
f. Program Income	\$ 0.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
g. TOTAL	\$ 15,239,307.00				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED					
a. Typed Name of Authorized Representative Bruce Weydemeyer		b. Title Director, Medical Assistance		c. Telephone number (505) 827-3106	
d. Signature 15/		e. Date Signed 10-21-99			

SECTION 1115(a) RESEARCH AND DEMONSTRATION WAIVER APPLICATION  
EXPANSION OF FAMILY PLANNING SERVICES  
NEW MEXICO MEDICAID

The State of New Mexico is requesting a Section 1115(a) Waiver to extend Medicaid eligibility for family planning services to all women of childbearing age with income at or below 185 percent of the federal poverty level. Currently, New Mexico Medicaid covers pregnant women who have income at or below 185 percent of the federal poverty level. However, over two-thirds of these women lose Medicaid coverage after a sixty day post-partum period. Although the risks of unintended or inadequately spaced pregnancies is widely recognized, half of New Mexico women are at risk and need organized or subsidized family planning services.

The provision of family planning services for post-partum women and other women of childbearing age is expected to reduce the number of low birth weight infants, premature deliveries, and infant or maternal deaths attributable to unintended, mistimed, and/or closely spaced pregnancies among women whose poverty status reduces their access to health services. In addition, reducing unintended pregnancies and improving birth spacing will decrease the overall number of births supported by Medicaid funding.

OBJECTIVES

- I. Decrease the number of women at risk for unintended pregnancy,
- II. Decrease the number of inadequately spaced pregnancies among women in the target population,
111. Increase the number of women of childbearing age throughout the state who have access to and utilize family planning services.
- IV. Increase the number of women who use family planning methods most appropriate to their individual childbearing goals,
- V. Increase the awareness of expanded Medicaid eligibility for family planning services to medical providers, current Medicaid recipients, women of childbearing age, staff at the Human Services Department and the Department of Health, and other appropriate community organizations.

## BACKGROUND

As a nation, we have come to recognize the importance of improving maternal and child health. In response to this recognition, provisions in the Omnibus Budget Reconciliation Act of **1989** allowed expansion of Medicaid eligibility to increased numbers of women and children. In **1991**, the New Mexico state legislature authorized the Human Services Department to exercise the option to pay for medical services for pregnant women who have monthly income at or below **185** percent of the federal poverty level. The end result of this policy decision was that by **1992**, Medicaid paid for about **47** percent of all live births in New Mexico. [Selected Medicaid Data, **1992**; Selected Health Statistics **1992: S-151**.

Medicaid coverage for pregnancy related services meets an identified need. However, over two-thirds of New Mexico women eligible for pregnancy related Medicaid coverage do not have family planning coverage after the sixty day post-partum period. [Linked Statistics, **1992:5**] Women who are eligible for Aid to Families with Dependent Children (AFDC), with income levels at or below thirty-seven percent of the federal poverty level, are the only major group of women eligible for New Mexico Medicaid after this period with potential access to continuing family planning services.

The Alan Guttmacher Institute estimates that the percentage of women ages **15-44** at risk of unintended pregnancy has increased nationally from twenty-five percent in **1988** to nearly fifty percent in **1990**. Nearly five million women who were at risk for unintended pregnancies were under the poverty level and nine million were at **185** percent of the poverty level. The risk of unintended pregnancies for New Mexican women mirror national statistics. [Women at Risk, **1993: 9, 88-89**].

Although the risks associated with inadequately spaced pregnancies are widely recognized by health experts, preliminary findings from a recent study conducted by the New Mexico Department of Health found that forty-five percent of **2,300** women included in this study had children spaced less than twenty-four months apart. [Profile of Family Planning Clinics in New Mexico, **1994: 11**].

### New Mexico Facts on Poverty and Pregnancy

**1990** census data indicates that nearly **21** percent of New Mexico residents live at or below the poverty level. New Mexico ranks third highest among states in percentage of families living at or below this level. [Selected Health Statistics, **1994:13**]. Twenty-one percent of New Mexico women do not have health insurance

[Population Projections: 1993]. The Department of Health estimates that over half of New Mexico women have family planning needs which are not currently being met. [DOH Study on Unintended Pregnancies, 1992: 28]. These unmet needs are reflected in New Mexico's high birth and unintended pregnancy rates. In 1992, the birth rate in New Mexico ranked fifth highest in the United States and was 11 percent higher than the national average [Selected Health Statistics, 1994:18].

#### Diversity of New Mexico's Population

The cultural and ethnic diversity of New Mexico are among its many strengths. Conversely, this diversity also contributes to the inability of the current system to meet the needs of New Mexico's minority population due to their widely diverse cultural and ethnic backgrounds, rates of poverty, religion, language barriers, or geographic isolation. [Women at Risk, 1993: 88-89] Specific information about these factors or barriers and their effect on the utilization of family planning services is currently not available. One of the objectives of this project is identifying how these factors affect family planning access and utilization.

The most alarming birth rate and poverty statistics are for New Mexico's minority and teenage populations. In 1990, nearly half the Indian and one fourth of the Hispanic origin and Black populations in New Mexico lived at or below the federal poverty level [Selected Health Statistics, 1994:13]. In 1992, the birth rate for Hispanics was 54 percent higher than the rate for whites nationally. The rate for Native Americans was 62 percent higher than the New Mexico rate and nearly 80 percent higher than national rate. The rate for the Black population was 15 percent higher than the national level for this population. [Selected Health Statistics, 1994: 18-19].

A disproportionate share of births to minority women were covered by Medicaid. In 1992, seventy-three percent of all births paid by Medicaid were to minority women. By comparison, only 56 percent of non-Medicaid sponsored births are minority women. [Selected Health Statistics; 1994: S-8] See Exhibit A.

In 1992, the birth rate for teenage women in New Mexico was 28 percent higher than the national level for age 15-17 and thirty-one percent higher for age 18-19. [Selected Health Statistics, 1994: 20] In 1992, forty percent of the births in New Mexico were to single women; 70 percent of those births were to single women under 20 years of age. [Selected Health Statistics, 1994: 24, 26] A disproportionate share of births to teens were covered by Medicaid [Selected Health Statistics; 1994: S-8] See Exhibit B. Women who become parents at an early age and their children are at greater risk of living in poverty. Because early

childbearing affects educational attainment and family size, teenage mothers have a reduced ability to obtain positions which pay high wages. [Risking the Future, 1987:130, 132, 135, 138].

#### Inadequacy of Intervals Between Pregnancies

National studies indicate that short intervals [between pregnancies] are associated with adverse pregnancy outcomes. The recommended interval between pregnancies is two years [Institute of Medicine, 1985: 1031. In 1992, thirty-seven percent of live New Mexico births were preceded by the birth of a sibling within two years. [Selected Health Statistics, 1994:24].

#### Title X Family Planning Services

The Title X Family Planning Program in New Mexico is currently administered through the Department of Health. In FY 1993 the New Mexico family planning program received \$ 1.7 million from Title X. One million dollars of the grant went toward providing direct clinical services, medical supplies, and education outreach. In FY 1993, the Title X family planning program provided services to 28,000 women. Clinical contraceptive services are provided at 81 sites throughout the state. Over two thirds of women who access family planning services at Title X facilities have incomes at or below 100 percent of poverty. All clients are required to pay a fee for services based on a sliding scale.

Title X family planning services are offered at most local county Public Health Division Offices. In McKinley, Dona Ana, and Grant counties, family planning services are offered through contractual arrangements with the Southwestern Planned Parenthood Association. In most counties, women can only access Title X family planning services in a Public Health Office. Usually, there is only one office per county. See Exhibit C. This affects access as New Mexico is the fifth largest state geographically in the United States and has a population density of thirteen persons per square mile [Selected Health Statistics, 1994: 9].

In addition to providing family planning services, the Department of Health funds four related initiatives. The projects include the Preconception Project, Domestic Violence and Sexual Abuse Project, Male Involvement Network, and Sterilization Project. The Human Services Department may utilize information from these initiatives in the development of interventions.

The Preconception Project provides outreach education to low-income women, teenagers, and other individuals at high risk of pregnancy or sexually-transmitted diseases. The project is based

on a self-administered health appraisal form distributed to family planning clients during their annual clinical visit in selected family planning clinic sites. The appraisal tool emphasizes factors and behavior that can affect a women's health and the health of her fetus during pregnancy.

The Domestic Violence and Sexual Abuse Project is designed to address the family planning needs of clients who are in situations of domestic violence or sexual abuse. This project represents an expansion of on-going assessment processes and an evaluation of the family planning clinics' ability to provide appropriate service to these clients.

The Male Involvement Network is a program which works to define the male perspective in family planning. The focus of the program is to work with incarcerated youth, teen fathers, males in schools, and adult males by providing education concerning sexually transmitted diseases, contraception, violence prevention, and other health related services for males.

The Sterilization project provides funds for sterilization services to any registered family planning client who meets established federal poverty guidelines. Under the project, private providers and primary care sites refer women needing financial assistance to access sterilization services. A large number of project participants are undocumented aliens who do not qualify for Medicaid or other forms of medical assistance. Another significant group of women served through this project are those whose Medicaid eligibility expired before a sterilization procedure could be performed.

#### **Title X Program Shortfalls**

The present federal resource allocation system for Title X funds bases the grant award on total state population rather than level of need or performance. This has a negative impact on a rural state like New Mexico.

Sixty-eight percent of women served by Title X family planning providers have incomes at or below the federal poverty level [Initial Report, Exhibit 111-4, **1993: 23**]. For these women, the fee charged by the Title X providers to augment their budgets tends to create financial barriers.

Women with incomes between 100 percent and **185** percent of the federal poverty level have limited utilization of Title X family planning services. Yet, at their income level, access to family planning services is limited by their financial resources. This is demonstrated by the high percentage of unintended births in New Mexico.

The geography of New Mexico, lack of access to private medical providers, limited Title X funding, and large distances from a family planning client's home to the nearest public health office often create access barriers. Because of these barriers, women wait an average of two weeks to receive services from a Title X family planning service provider. Insufficient grant funds prevent offices from expanding hours or number of available providers. Likewise lack of transportation funds inhibits augmentation of services among provider sites.

#### **PROPOSED PROJECT**

In 1993, the New Mexico legislature approved the Human Services Department's request to extend Medicaid coverage for "basic" family planning services to women in the target population on a state-wide basis. To reduce the level of unmet family planning needs of New Mexico women and unintended pregnancy, this project will take a multifaceted approach. This project will assess the impact of eligibility expansion and specific interventions aimed at reducing barriers that prevent/limit access to family planning services.

First, the project proposes to assess the impact of expanding Medicaid eligibility and therefore payment for family planning services in the public and private sector by comparing data on utilization of family planning services, pregnancy spacing, unintended pregnancies, and birth rate following the initiation of this project to base-line data collected in the initial stage of the project. Second, research will be conducted to identify other barriers to access. This data will be used in the development and implementation of specific "enhanced services" which will be available to women in selected pilot sites. Four pilot sites and control sites will be selected. Third, the project will assess the impact of these enhanced activities on the utilization of family planning services, pregnancy spacing, unintended pregnancies and eventually on birth rates.

#### **TARGET POPULATION**

This project will extend Medicaid coverage for family planning services to women throughout New Mexico who:

- 1) Have family incomes below 185 percent of federal poverty guidelines; and
- 2) Are of childbearing age. For purposes of this project, childbearing age is considered ages 15-45. [Contraceptive Technology, 16th Edition]

Women within the identified age range represent the primary population to be served. Women who fall outside these age ranges who are nevertheless at risk for unintended pregnancies will not be precluded from inclusion in the target population.

Family planning services for women under eighteen years of age will be considered as part of the project during the initial implementation period. Upon the expansion of Medicaid eligibility to children and adolescents in families whose income is up to 185 percent of the federal poverty standards, family planning services for individuals under eighteen years of age will be covered as part of their regular Medicaid coverage.

### **ELIGIBILITY**

Eligibility determinations for all New Mexico Medicaid services are made through local county Income Support Division (ISD) offices. Individuals who fall within the target population could apply for Medicaid eligibility for family planning services at ISD offices. Post-partum women whose pregnancy was covered by Medicaid would receive notice of their automatic eligibility extension for family planning coverage. The computerized eligibility system will be programed to allow expansion for the two pregnancy related categories for Family Planning Services. A Medicaid card indicating the coverage restriction will be sent to the individual. There will be no resource test with this coverage.

Members of the target population will receive Medicaid coverage of family planning services in two year intervals to run consecutively for the duration of the project. An individual who is determined to be eligible for family planning services under this project will remain eligible for services for up to two years, regardless of changes in income or resources. New Mexico considers this a cost-effective measure based on the purpose of this project, namely the prevention of unintended and/or inadequately spaced pregnancies. At the end of the two year period, the individual must reapply for family planning service eligibility at the county ISD office. Services will be extended to all eligible women across the state for the five year project period. Eligibility for family planning services provided through this project would be terminated if the individual moves out of state, becomes pregnant, or requests closure.

In the pilot sites, a presumptive determination for Medicaid eligibility can be made by authorized providers when a woman requests pregnancy testing or other covered family planning service. The presumptive eligibility determinations will be made in a manner similar to the current process used for presumptive eligibility for pregnant women.

### Preliminary Criteria for Selection of Pilot Sites

Up to four community/county areas will be selected as pilot sites. To be considered as a pilot site, the following preliminary criteria may be used in the selection:

1. At least 100 Medicaid-covered live births per year;
2. Identified community commitment to project;
3. Availability of community resources, including private sector medical and counseling providers;
4. Minimum ratio of available providers to target population clients;
5. Profile of current family planning service utilization.

### SERVICE DELIVERY

Family planning services are a major preventive strategy for reducing unintended and/or inadequately spaced pregnancies. These services include medically necessary services and supplies related to birth control and pregnancy prevention services prescribed and furnished by physicians, hospital, clinics, pharmacies, and other Medicaid providers. Upon the expansion of Medicaid eligibility, a brochure which outlines the covered family planning services will be available at local county Income Support Division Offices and Public Health Offices. Private providers who participate in the Medicaid program will be informed of the eligibility changes in the manner presently used for disseminating policy information.

Individuals in the target population will have access to the following clinical services:

1. Consultation, including counseling and patient education, medical examinations, including history, physical assessments, and treatment furnished by, or under the supervision, of a physician or prescribed by a physician;
2. Laboratory and radiology examinations;
3. Medically approved methods, procedures, pharmaceutical supplies and devices to prevent unintended pregnancies and/or conception;
4. Natural family planning methods; and

5. Sterilization, defined as "medical procedures, treatment, operations and drugs for the primary purposed of rendering an individual incapable of reproducing.

#### Enhanced Services

In addition to the clinical services furnished to women in the target population, individuals who live in the areas selected as pilot sites will receive a capped package of enhanced services which may include the following:

1. Extensive appointment scheduling and follow-up interventions;
2. Transportation to family planning appointments, when appropriate;
3. Active recruitment and training of medical providers;
4. Extensive outreach intervention which may include but is not limited to:
  - A. Community focus groups addressing specific community needs;
  - B. Medical provider recruitment and training activities;
  - C. Identification of cultural, ethnic, religious, and economic barriers to the utilization of family planning services;
  - D. Intensified use of educational material, such as the Preconception or Male Involvement Projects, and media campaigns, such as the "Not Yet" teenage pregnancy prevention campaign;
  - E. Other interventions resulting from input received during the research phase of the project.

#### Coordination with Title X Family Planning Services

The proposed expansion of Medicaid eligibility would augment current family planning services offered through the Department of Health. Presently, the interaction between the Title X Family Planning Program and Medicaid is through a Memorandum of Understanding (MOU). This MOU allows the Public Health Division of the Department of Health to bill the Medicaid program for

services furnished to Medicaid recipients in local public health offices statewide. Under the demonstration waiver, these payments for clinical services furnished by the Public Health Division will continue. With the initiation of this project, the MOU may be amended to allow performance of enhanced interventions, including presumptive eligibility determinations, at Public Health Division offices in the selected pilot sites.

With the expansion of Medicaid eligibility to more individuals who currently receive family planning services funded by Title X, more Title X funds could be funneled into payment for enhanced initiatives or used to furnish services to those low-income individuals who are not eligible for family planning services under Medicaid, such as undocumented aliens. The ability to receive family planning services from Medicaid providers and public health offices will increase access to service caused by the geographic isolation of the population and manpower shortages.

### **Community Input**

Members of the 1993 New Mexico Legislature which appropriated funds for the Section 1115 (a) Waiver continue to monitor the progress of this project. A special task force of the New Mexico Medicaid Advisory Committee was convened to develop recommendations for the project and to furnish medical provider input on service coverage. Input from local Department of Health and Income Support Division offices has been incorporated into the waiver request.

A public announcement describing the waiver and goals of the demonstration project will be made upon submission of this proposal in publications of general circulation throughout the state. In addition, the Department of Health will distribute approximately 1000 flyers advertising the proposed Medicaid coverage for family planning services to women accessing services at local public health offices. The flyer will also ask women if they would access this coverage if available.

Of major significance, to be considered for participation as a pilot site, a community must demonstrate the commitment of community medical providers, political leaders, organizations, and other groups to the provision of family planning services to low income women.

### **PROJECT OBJECTIVES**

By expanding Medicaid eligibility to women state-wide, New Mexico will reduce the number of low birth weight infants, premature deliveries, and infant and maternal deaths attributable to unintended and/or closely spaced pregnancies. By expanding

Medicaid eligibility and providing specific enhanced services to individuals who live in the pilot site areas, the state of New Mexico hopes to identify those interventions that help reduce risky behaviors, augment current medical practice, and reduce ethnic, cultural, or economic barriers to accessing family planning services.

Five major objectives and general indicators are presented. The applicable attachments will describe the specific tasks and indicators associated with each objective.

**Objective I:** By the year 2000, the number of New Mexico women who are at risk for unintended pregnancy will decrease.

**Indicators:** The number of women and men whose sexual behaviors put them at risk for unintended pregnancy will decrease from fifty to thirty-five percent of the total population.

**Objective II:** Decrease in the number of inadequately spaced pregnancies among women in the target population.

**Indicators:** The interval between pregnancies measured by live birth statistics for the target population will increase to at least 24 months.

**Objective III:** Increase in the number of women of childbearing age throughout the state who have access to and utilize family planning services.

**Indicators:** The rate for family planning service utilization for all Medicaid providers will increase each year of the project. The number of family planning service providers will increase each year of the project. The utilization of more continuously effective family planning methods and protection for sexually transmitted diseases will increase.

**Objective IV:** Increase in the number of women whose use of family planning methods which are the most appropriate to their individualized child-bearing goals.

**Indicators:** The number of women by family planning method related to individual goals will increase.

Objective V: Increase in the awareness of expanded Medicaid eligibility for family planning services to medical providers, current Medicaid recipients, women of childbearing age, staff at the Human Services Department and the Department of Health, and other appropriate community organizations.

Indicators: Surveys of these identified groups will indicate that over fifty percent of those surveyed have knowledge of the eligibility expansion.

#### BUDGET NEUTRALITY

To demonstrate the budget neutrality of this project, the Department used the following assumptions in developing cost projections. Assumptions:

1. The number of births in New Mexico has stabilized.
2. Birth rates are similar across poverty levels.
3. Synthetic estimates on mistimed and unwanted pregnancies based on the Pregnancy Risk Assessment Monitoring System data from Oklahoma are reasonable for use in New Mexico. Exhibit D contains detailed information.
4. Costs for services will grow at an annual rate of five percent.
5. Participation rates in this project will be similar to historical participation rates for new eligibility programs.
6. Administrative costs include data collection and analysis, outreach, and independent evaluation.
7. For purposes of developing cost calculations, intervention costs are capped at \$500 per participant per year. This figure may change but the Department would set a ceiling on intervention costs per participant.

Future costs without the initiation of project were generated in the following manner:

1. Live births for women age 15-44 were projected by applying age specific birth rates to each population cohort using population projections prepared from the

Public Use Micro Sample developed by the US Census for the State of New Mexico. Exhibits E and F contain detailed information.

2. Estimated births were adjusted to account for changes in eligibility resulting from economic changes between 1989 when the Census was recorded and 1992. This number was adjusted to reflect the economic level believed to exist in 1995. Exhibits G, H, and I contain detailed information.
3. Costs for the projected births were derived from the NM Medicaid Pregnancy Outcome Reports for calendar year 1992, the last year for which complete data is available. These costs include costs of care for the mother and the newborn. Exhibits J, K, and L contain detailed information.
4. Costs of existing family planning services were trended forward based on existing utilization patterns.
5. All costs were inflated forward at an annual rate of five percent.

The Department's calculations found in Exhibits M and N contain the results of the budget neutrality calculations. Eased on the most conservative participation rates, the Department concludes this project meets the budget neutrality requirement for Section 1115(a) Research and Demonstration Waiver projects.

## RESEARCHERS

Ramona Flores-Lopez, M.S., Urban and Policy Sciences, New Mexico Medicaid Program Support Bureau Chief.

Dr. Susan Nalder, Ed.D, M.P.H., Certified Nurse Midwife, Epidemiologist, New Mexico Department of Health, Maternal and Child Health Bureau.

CaraLyn Banks, R.N., M.H.A., J.D., New Mexico Medicaid Policy Analyst.

## REFERENCES

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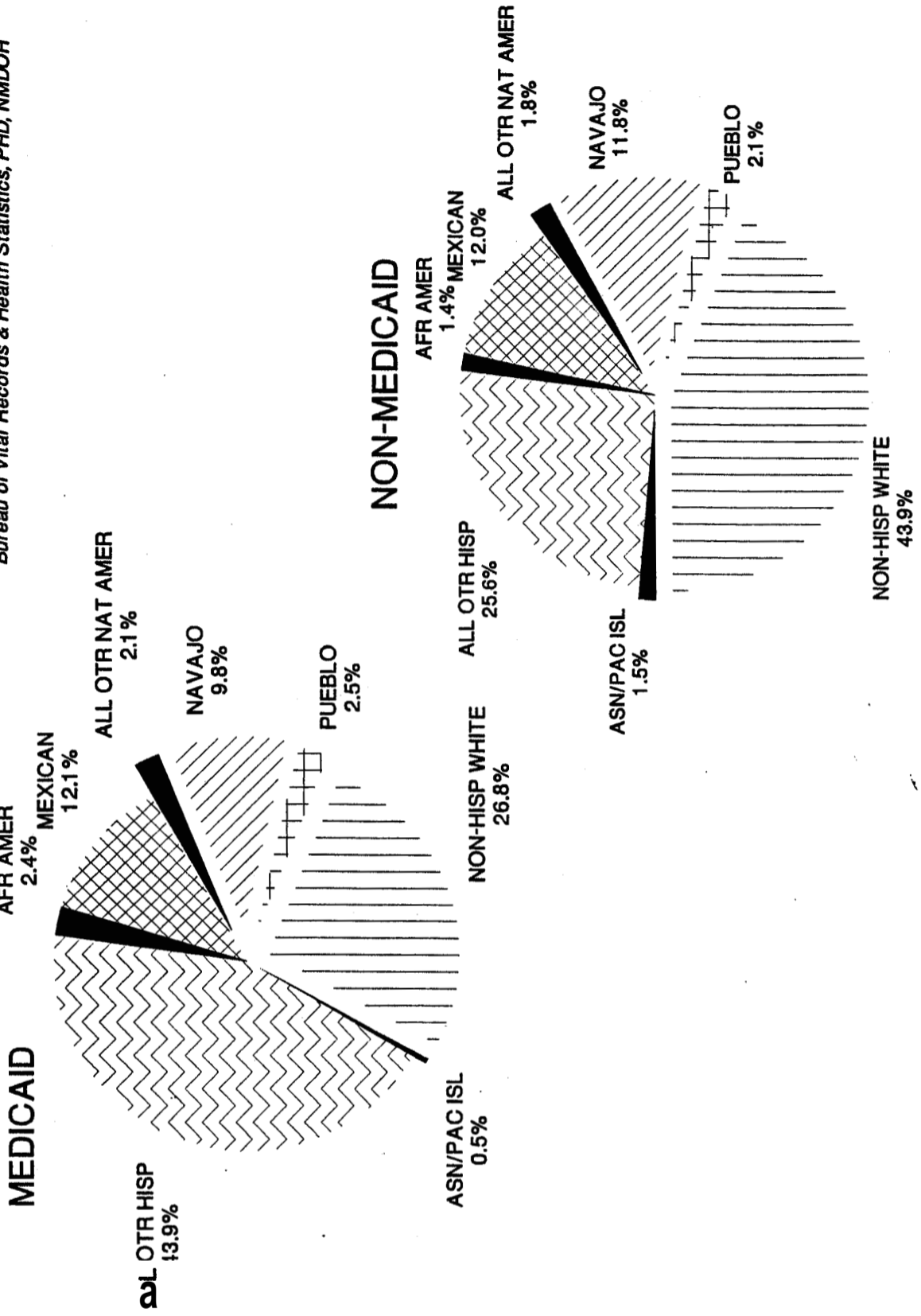
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EXHIBIT A

# RACE/ETHNIC COMPOSITION 1992

## MEDICAID & NON-MEDICAID MOTHERS

Bureau of Vital Records & Health Statistics, PHD, NMDOH



**OPEN DOORS**

**A Program To Reduce Sociocultural Barriers to Health Care  
Round II**

**PRELIMINARY RESEARCH PROPOSAL DESCRIPTION**

**NEW MEXICO HUMAN SERVICES DEPARTMENT**

**September 12, 1994**

**OPEN DOORS RESEARCH PROJECT**  
**State of New Mexico Human Services Department**

In 1993, the New Mexico Legislature approved the Human Services Department's request to extend Medicaid coverage for family planning services to women in families with incomes within 185 percent of federal poverty guidelines. Currently, the majority of New Mexico for whom Medicaid pays for family planning are eligible for either Aid to Families with Dependent Children (family income at or below thirty-seven percent of the federal poverty level) or for two months of family planning services as an extension of the postpartum care when Medicaid pays for pregnancy services (family income level up to 185 percent of the federal poverty level). The Department is currently developing a Medicaid Section 1115(a) waiver to expand coverage to women with incomes within 185 percent of the federal poverty level. At four selected pilot sites, additional services and/or interventions will be developed to improve the utilization of family planning services by New Mexico's minority and teen populations.

**Background**

In 1991, the birth rate in New Mexico was eleven percent higher than the national average. The birth rate for Hispanics was fifty-one percent higher than the national rate; the rate for American Indians was eighty percent higher than the national rate; and the rate for African Americans was three percent higher than the national level for this population. New Mexico Vital Statistics indicated that the New Mexico birth rate for teenage women was twenty-five percent higher than the national level for

ages 15-17 and forty percent higher for ages 18-19. [Department of Health, Public Health Division, Bureau of Vital Records & Health Statistics, 1991 New Mexico Selected Health Statistics, 1993: 25][hereinafter, Selected Health Statistics]. The Alan Guttmacher Institute estimates the rate of unintended pregnancies on a national level increased from twenty-five percent to fifty percent. The level of unintended pregnancies in New Mexico mirror this national statistics. '[Henshaw & Forrest, Women at Risk of Unintended Pregnancy, 1990 Estimates, 1993: 10, 88-89].

Nearly twenty-one percent of New Mexico residents live at or below the poverty level. The level and affects of poverty are most acute for minority populations. In 1990, nearly half the Indian and one fourth the Spanish origin population in New Mexico lived at or below the federal poverty level. [Selected Health Statistics, 1993:19-22]. The simple expansion of Medicaid coverage to New Mexico women may reduce the economic barriers for accessing family planning services. However, experience with the population of poor women who are eligible for Aid to Families with Dependent Children in New Mexico suggests that the removal of economic barriers in isolation will not decrease birth or unintended pregnancy rates or increase the utilization rates for family planning services.

#### Proposal

To develop the interventions which will be used in the pilot sites, the Department must identify the specific barriers that reduce the use of family planning services by minority and teen

women. The Open Hand grant would be used in conjunction with federally matched Medicaid funds to develop a study of two groups of women. One group will be comprised of women who utilize family services. The second group will be compromise of women with the same ethic and income characteristics as the first group who do not avail themselves of services or who have given birth due to failed family planning practices. By comparing the findings from each group, the Department will develop **specific** interventions aimed at increasing desired use of family planning services. Some of the areas to be studied include knowledge about family planning options, **psychosocial** issues that either support or negate the use of family planning services, and the role various providers play in facilitating use of family planning services by **poor** minority women.

A survey will be distributed to a statistically valid sample of women who receive family planning services in public health, family planning clinics, and private medical provider offices. The survey will focus on three issues: 1) factors which contributed to the decision or ability to access services; 2) factors that negatively affected this decisions; and 3) awareness level and method of gaining information on family planning services.

Community focus groups will be conducted in a number of culturally diverse communities at local county Income Support Division offices, Federally Qualified Health Centers, Indian Health Offices, community centers, schools, and other medical

sites. The focus groups will assess levels of awareness on planning and reproductive health issues, attitudes on family planning services, factors that affect the decision not to access this services, such as lack of funds, transportation, community support, or available providers, fear, religious prohibitions, inability to communicate with servicing providers, attitudes of servicing providers, or attitudes of significant others with respect to the use of family planning services. - . . . -

#### Integration of Research Information

The analysis of the data gained from the survey and focus groups will be used by the Family Planning Demonstration Project task force, public health offices, and community representatives from the pilot sites in the development and implementation of the additional interventions furnished in pilot sites, The Department will track utilization of family planning services and incidence of pregnancy using claims submitted through the Medicaid Management Information System, The Department will contract with the University of New Mexico School of Medicine for the development of the survey tool. Susan Nalder will take the lead in the design and survey sample. Belinoff and Bagley, a private media consultant firm, will administer the surveys with face-to-face encounters at the selected sites Data analysis will be conducted by fiscal economists from the New Mexico Medical Assistance Division under the direction of Dr. Nalder and Ms. Ramona Flores-Lopez.

From the analysis, the Department Family Planning

Demonstration Waiver Project manager will develop an **array of** intervention options for discussion by a core group with representatives from Department of Health, New Mexico University School of Medicine, pilot site providers, pilot site community organizations, and the Department's media consultant. This group will determine what interventions will be adapted at the end of a pre-date test period. After the implementation on the interventions, the Department will-resurvey part of the women in each group who live in the pilot sites to assess the impact of the interventions on access to **and** continued use of family planning services. Findings will be reported to the core group for assessment on what interventions met identified needs **and** should be continued or what interventions failed to meet needs and should be modified or discontinued. At the end of year three, the Department will conduct an independent interim evaluation of the Medicaid Section 1115(a) Demonstration waiver as well as a final evaluation of the validity of the interventions developed as a result of the Open Hand research project.

#### Researchers

Ms. Ramona Flores-Lopez, M.S., Urban and Policy Sciences, New Mexico Medicaid Program Support Bureau Chief.

Dr. Susan Nalder, Certified Nurse Midwife, M.P.H., Ed.D.: Epidemiologist, New Mexico Department of Health, Maternal and Child Health Bureau.

Ms. CaraLyn Banks, R.N., M.H.A., J.D.: New Mexico Medicaid Policy Analyst.

### **PROJECT BUDGET**

The Department **is** requesting \$50,000 dollars per year in Open Hands grant funding. Of that amount, \$45,000 dollars will be used for contracts to be leveraged with federal funds, and \$5,000 dollars will be used for survey and analysis work furnished by Dr. Nalder.

- 1. Name of Organization New Mexico Human Services Department
- 2. Address: P.O. Box 2348

Santa Fe, New Mexico 87504

- 3. Name of Contact Person Carolyn Banks

- 4. Title of Contact Person Policy Analyst

- 5. Telephone Number (505) 827-3110 FAX Number (505) 827-3185

- 6. Type of Agency (check one)
  - ☐ Community-Based Organization
  - ☒ Government
    - ☐ Family Planning Agency
    - ☐ Community Health Center
    - ☐ Coalition/Consortium
    - ☐ National Organization
    - ☐ Social Service Agency
    - ☐ University
    - ☐ Refugee Organization
  - ☒ State
    - ☐ local
    - ☐ Hospital
    - ☐ Tribal Association
    - ☐ Research Institute
    - ☐ Other (Describe)

Project summary

- 1. Type of project (check one) Service ☒ Research

- 2. Amount requested:

Yr 1 \$ 50,000 Yr 2 \$ 50,000 Yr 3 \$ 50,000 Total \$150,000

- 3. Define your target population. State the number of people you expect to reach and describe them as to race, ethnicity, age, gender, income level or other salient characteristic. (e.g., low income Hispanic women ages 18-44 living in a three-county area, 85 percent speak little or no English.)

Low income women ages 14-54 throughout the State of

New Mexico who will now be eligible for Medicaid

coverage of family planning services.

- 4. How will your project reduce sociocultural barriers to maternal, child, or reproductive health for the target population? Provide a two or three sentence description of the service or research activities you will undertake:

The State of New Mexico is in the process of developing a Medicaid Section 1115(a) Research and Demonstration waiver which will expand Medicaid coverage of family planning services to low income women. Research funded by Open Doors and matched with federal dollars through the waiver would be used to identify the barriers which minority women in New Mexico face in accessing family planning services. Information generated by the research would be used in the development and implementation of enhanced interventions at selected waiver pilot sites,

Name(s) of collaborating organization(s)

- 1. New Mexico Department of Health, including county
- 2. health offices and maternal and child bureau
- 3.
- 4.
- 5.
- 6.

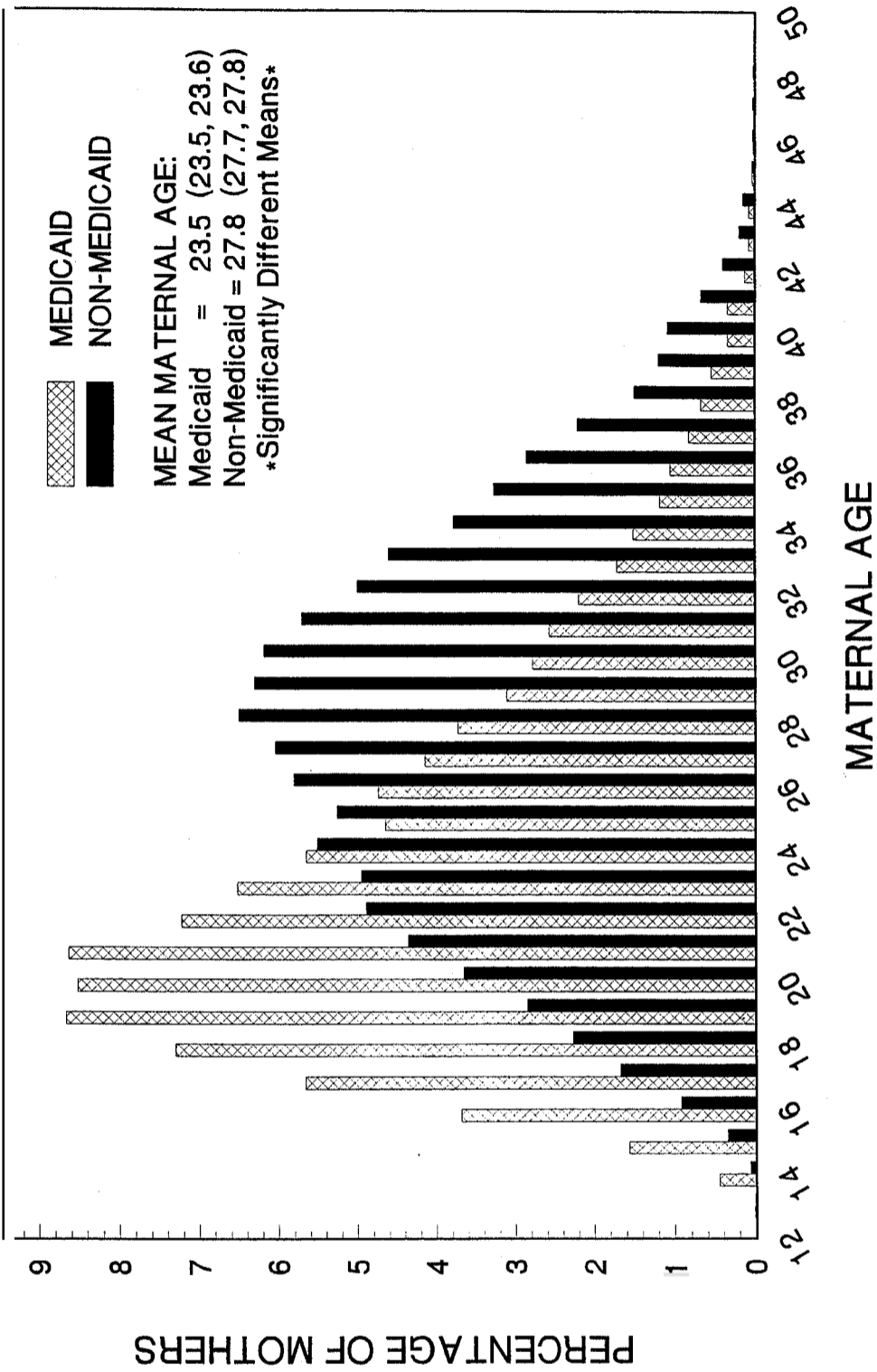
Please complete all sections of this form and attach it to the front of your preliminary project description.

EXHIBIT B

1992 DISTRIBUTION OF MATERNAL AGE, AGES 12 TO 50

NM MEDICAID AND NON-MEDICAID MOTHERS

Bureau of Vital Records & Health Statistics, PHD, NMDOH



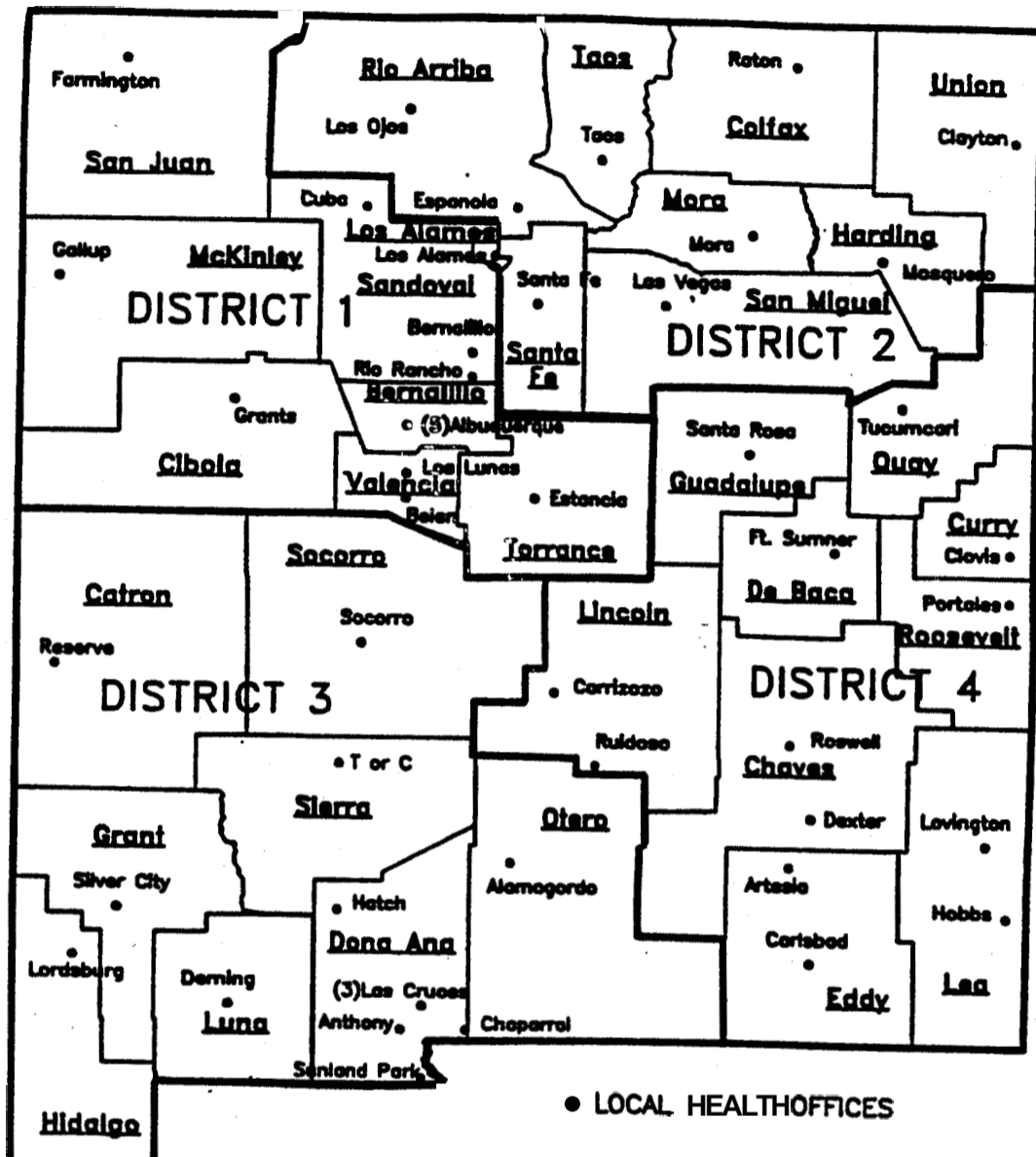
# NEW MEXICO

## DEPARTMENT OF HEALTH

### PUBLIC HEALTH DIVISION

#### DISTRICTS & LOCAL HEALTH OFFICES

EXHIBIT C



Source: 1992 NM Health Stats  
7/94 - page 1

Exhibit E  
Birth Rate per 1000 Women  
New Mexico 1990

Age Group	Rate
15-19	78.1
20-24	150.4
25-29	123.7
30-34	74.2
35-39	31.2
40-44	7.0

Source: 1992 NM Selected Health Statistics  
Table 2.2

Exhibit F  
 Women Age 15-44  
 New Mexico 1990-2000  
 Estimated Number of Women Aged 15-44

Age Group	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
15-19	56070	56,911	57,765	58,631	59,511	60,420	61,568	62,738	63,930	65,144	66,401
20-24	53123	53,861	54,610	55,369	56,139	56,899	57,798	58,711	59,639	60,581	61,543
25-29	62452	60,991	59,563	58,170	56,808	55,495	56,150	56,812	57,483	58,161	58,845
30-34	66060	65,829	65,598	65,369	65,140	64,898	63,392	61,922	60,485	59,082	57,726
35-39	61724	62,915	64,130	65,367	66,629	67,917	67,693	67,469	67,247	67,025	66,809
40-44	53622	55,381	57,197	59,073	61,011	63,013	64,217	65,443	66,693	67,967	69,287
Total	353,051	355,888	358,863	361,979	365,238	368,642	370,818	373,096	375,476	377,960	380,611

Source: Population Projections for the State of N. M., BBER

Exhibit G  
Births by Age group  
New Mexico 1989–2000

Age Group	Actual Live Births by Age Group					Projected Live Births by Age Group					
	1989	1990	1991	1992	1993	1995	1996	1997	1998	1999	2000
15-19	4,216	4,354	4,519	4,669	4,870	4,840	4,932	5,025	5,121	5,218	5,319
20-24	8,056	7,906	8,203	8,282	8,270	8,558	8,693	8,830	8,970	9,111	9,256
25-29	7,929	7,792	7,574	7,321	7,129	6,732	6,811	6,891	6,973	7,055	7,138
30-34	4,828	4,899	5,056	5,094	5,011	4,991	4,875	4,762	4,651	4,543	4,439
35-39	1,849	1,930	1,965	2,043	2,061	2,146	2,139	2,132	2,125	2,118	2,111
40-44	320	349	396	421	387	441	450	458	467	476	485
Total	27,198	27,230	27,770	27,830	27,723	27,707	27,99	28,099	28,000	28,522	28,743

Source: Actual: 1992 NM Selected Health Statistics

Projected: 1990 Birth Rates times estimated age groups

Exhibit H  
Per Cent of Women <185% Poverty  
New Mexico 1990

Age Group	%
15-19	47.1%
20-24	56.6%
25-29	47.0%
30-34	38.8%
35-39	34.4%
40-44	27.6%

Source: 1990 Public Use Micro Sample, US Census

Exhibit I  
Estimated Number of Births to Women with income below 185% Poverty  
New Mexico 1995-2000

Age Group	YEAR					
	1995	1996	1997	1998	1999	2000
15-19	2.223	2.265	2,308	2.352	2.396	2.443
20-24	4,844	4,320	4,338	5.077	5.157	5.233
25-29	3.226	3.264	3.303	3,342	3.381	3.421
30-34	1.868	1.825	1.703	1.741	1.701	1.662
35-39	729	727	724	722	719	717
40-44	122	124	127	129	132	134
Total	13.012	13,125	13.242	13,363	3.487	3.616

Exhibit J Analysis of Pregnancy and Pregnancy Related Costs New Mexico 1992			
Table 1 Hospital Cost	# of Recipients	Total \$ Paid	Total
Labor and Delivery	12,177	19488779	
Delivery	3,004	4137722	
Newborn Lengthy	1,114	9942553	
Newborn Regular	11,693	10363787	
Total	27,988	43932841	
Average Hospital Labor & Delivery cost/recipient			\$1,570

Source: NM Medicaid Pregnancy Outcome Summary Report HFM922

Table 2 Newborn First Year Cost	# of Recipients	Total \$ Paid	Total
Fiscal Year End 6-30-94		31611913	
less inpatient		-19712913	
Total	12.807	11899000	
Average Newborn First Year cost/recipient			\$929

Source: HMG544 Eligibility Category 31

Table 3 Outpatient Maternity Cost	# of Recipients	Total \$ Paid	Total
Cat 30 (AFDC level Pregnant Women)		4709313	
Cat 30 Inpatient		-1776528	
Cat 35 (Pregnant Women <185% Poverty)		30885256	
Cat 35 Inpatient		-12392499	
Total	15.181	21425542	
Average Outpatient cost/recipient			\$1,411

Source: HMG544 Eligibility Category 30 & 35

Subtotal cost/recipient	\$3.910
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Table 4 Family Planning Cost	# of Recipients	Total \$ Paid	Total
Total	2,164	2389785	\$1,104

Source: HMG544 Eligibility Category 02 (AFDC)

Total cost/recipient	\$5.014
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Exhibit K					
ESTIMATED PROJECTED COST FOR BIRTHS UNDER CURRENT CONDITIONS					
	YEAR				
	1995	1996	1997	1998	1999
Est Birthe	15263	15396	15533	15674	15820
Proj Cost/Recip	5,265	5,528	5,805	6,095	6,400
TOTAL DOLLARS	\$0,360,890	\$5,114,348	90,166,210	95,535,752	101,243,514
					107,323,029

Exhibit D  
COST CALCULATIONS OF FAMILY PLANNING PROJECT

Table 1

Estimated Births by Poverty Level

Pov. level	1995	1996	YEAR 1997	1998	1999	2000
<50% Pov	6,315	6,371	6,427	6,486	6,546	6,609
50%-185% Pov	8,947	9,025	9,106	9,189	9,274	9,363
Total	15,263	15,396	15,533	15,674	15,820	15,971

Table 2

Analysis of Unwanted & Mistimed Births

Unwanted Births %

Pov. level	1995	1996	YEAR 1997	1998	1999	2000
<50% Pov	26.4%	26.4%	26.4%	26.4%	26.496	26.4%
50%-185% Pov	14.6%	14.6%	14.6%	14.694	14.6%	14.6%

Unwanted Births #

Pov. level	1995	1996	YEAR 1997	1998	1999	2000
<50% Pov	1,669	1,683	1,698	1,714	1,729	1,746
50%-185% Pov	1,304	1,315	1,327	1,339	1,351	1,364
Total	2,972	2,998	3,025	3,052	3,081	3,110

Mistimed Births %

Pov. level	1995	1996	YEAR 1997	1998	1999	2000
<50% Pov	45.1%	45.1%	45.1%	45.1%	45.196	45.1%
50%-185% Pov	33.246	33.2%	33.2%	33.296	33.2%	33.2%

Mistimed Births #

Pov. level	1995	1996	YEAR 1997	1998	1999	2000
<50% Pov	2,046	2,871	2,896	2,922	2,960	2,978
50%-185% Pov	2,968	2,994	3,020	3,048	3,076	3,106
Total	5,814	5,864	5,917	5,970	6,026	6,083
Total @ 10%	581	586	592	597	603	608

Source: Oklahoma "Pregnancy Risk Assessment Monitoring System" 1988-1993

Table 3

Estimated Family Planning Cases

	1995	1996	YEAR 1997	1998	1999	2000
Total	3,551	8,862	3,941	9,023	9,106	9,194
Est Participation	25%	5096	75%	75%	7596	7596
Estimated New Family Planning Cases						
Total	888	4,431	6,706	6,767	6,830	6,895

EXHIBIT D  
(continued)

Table 4  
Estimated Family Planning cost/recipient per Year

Estimated Family Planning Cost/Elig Category/Year  
10112 of 289.64 increased @ 5%/year

	1995	1996	YEAR 1997	1998	1999	2000
Cost/Recip/Year	266.11	279.41	293.38	308.05	323.45	339.63

Source: HCFA 2082 9-30-93, p. A03 & p. A07  
\$4,300,87014,849 recipients = \$289.64

Estimated Family Planning Costs

	1995	1996	YEAR 1997	1998	1999	2000
Total	\$237.707	\$1,244.766	\$1,977,698	\$2,095,192	\$2,220,082	\$2,353,106

<div>Exhibit M</div> <div>BUDGET NEUTRALITY DEMONSTRATION</div> <div>COST CALCULATIONS</div> <div>ESTIMATED PROJECTED COST WITH FAMILY PLANNING PROJECT</div>						
	YEAR					
	1995	1996	1997	1998	1999	2000
Birth Costs	80,360,890	80,203,017	79,762,523	79,003,974	83,727,243	88,760,252
New Fam Plan	236,406	1,230,127	1,967,421	2,084,504	2,209,127	2,341,782
Cur Fam Plan	4,697,915	4,956,300	5,228,897	5,518,486	5,819,893	6,139,987
Data Collect	200,000		200,000		200,000	
Outreach	100,000		50,000		50,000	
Intervention	80,839	443,118	670,599	676,699	682,979	689,516
Evaluation				250,000		
Total	85,684,049	86,840,562	87,879,440	87,531,744	92,689,243	97,931,537
ESTIMATED PROJECTED COST UNDER CURRENT CONDITIONS						
Total	80,360,890	85,114,348	90,166,210	95,535,752	101,243,514	107,323,029
SAVINGS	(5,323,159)	(1,726,214)	2,286,769	8,004,000	8,554,271	9,391,492



EXHIBIT L

Table 5  
Estimated Medicaid Births with Family Planning Project

Year	YEAR					
	1995	1996	1997	1998	1999	2000
Est Births	15,263	15,396	15,533	15,674	15,820	15,971
(unwanted)	0	(2,972)	(2,998)	(3,025)	(3,052)	(3,081)
(mistimed)		(581)	(586)	(592)	(597)	(603)
(total)		(3,554)	(3,585)	(3,616)	(3,649)	(3,683)
% Particip	0	25%	50%	75%	75%	75%
Net Participat.		(888)	(1,792)	(2,712)	(2,737)	(2,762)
Net Births	15,263	14,508	13,741	12,962	13,083	13,209
	YEAR					
	1995	1996	1997	1998	1999	2000
Est Cost/birth	5,265	5,528	5,805	6,095	6,400	6,720